Federal Support:
NHTSA-Office of EMS
HRSA/EMS-C

Project facilitated by NASEMSO

National Association of State EMS Officials
SOPM Defines:

- **Minimum practice requirements for a novice EMS provider**
- It is not intended to define the limits of EMS practice.
- Scope of practice that exceeds the National Model is based on community needs and defined in a collaborative manner by the state and the medical director.
An Open, Collaborative, Evidence-based Process

Evaluate 2007 Scope

Literature Review

Background/Narrative

Provider Level Descriptions

Public Comment #1

Public Comment #2

Public Comment #3

Medications/Skills List

National EMS Scope of Practice Model
Guiding Principles for 2018 Update

- Is there evidence that the procedure or skill is beneficial to patients/public health?

- What is the clinical evidence that the skill or technique can be utilized by EMS practitioners safely and effectively?

- Does the benefit justify the cost (training, equipment, etc.)?
EMS Scope of Practice

Four Required Components:

Education
Certification
Licensure
Credentialing
Did I mention that we had public input?
endotracheal intubation

Victory
This petition made change with 26,462 supporters!
endotracheal intubation

Victory
This petition made change with 26,462 supporters!
Deletions

- Military AntiShock Trousers (MAST)/Pneumatic AntiShock Garment (PASG)
- Spinal “immobilization” (this terminology has been revised: "spinal motion restriction")
- Demand valves
- Carotid massage
- Automated transport ventilators at the EMT level
- Modified jaw thrust for trauma
- “Assisting” patient with own prescribed medications
Additions - EMR

- Administration of narcotic antagonists
- Hemorrhage control (tourniquets and wound packing)
- Application of cervical collars
- Basic splinting/immobilization for suspected extremity fractures
- Not a transport provider
Additions - EMT

- Administration of narcotic antagonists
- Hemorrhage control (tourniquets and wound packing)
- Administration of nebulized beta agonists and anticholinergics
- Oral over-the-counter (OTC) analgesics for pain or fever
- Blood glucose monitoring
- Continuous positive airway pressure devices (CPAP)
- Pulse oximetry
- Telemetric monitoring devices and transmission of clinical data, including video data
Additions - AEMT

- Monitoring and interpretation of waveform capnography (for suprglottic airway placement)
- Additional intravenous medications (such as epinephrine during cardiac arrest, ondansetron, and others)
- Parenteral analgesia for pain
Additions - Paramedic

- High-flow nasal cannula

- OK, not much new here *technically* ... but emphasis on paramedics being the experts in integration of patient clinical information for treatment and destination decisions
Many of these changes have already been implemented in many EMS agencies and states.

In a sense, the national SOPM has now caught up to EMS in the field (for now...)

Where will YOU take us next to improve patient care?
www.nasemso.org/ems-scope-of-practice/

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Advocating for Advocacy

Brent Myers, MD MPH

2019 EAGLES CONFLAGRATION
They had to shut down the circus. All the clowns went to Washington.
FDA is Advancing New Efforts to Address Drug Shortages
Essential Emergency Medications

- Epinephrine
- IV Fluids
- Midazolam
- Nitroglycerin
- Albuterol
- Lidocaine
- Ketamine
- Fentanyl
- Calcium
- Dextrose
Will DEA Regulations Hinder EMS Use of Controlled Substances?

By RITU SAHNI MD, MPH ON OCTOBER 31, 2016
Focus Areas from DEA

- Delivery security
- Single responder vehicles
- Waste
So, the State Police SWAT team and your EMS chief have a proposal....
“And the union want to do this too!”
“And the union want to do this too!

FOR FREE!!!
BUT....
BUT MAYBE...
So to make a long story short

- Get a bill filed
- Talk to some legislature folks
- Get buy on from MSP command
Get vetoed!?!?
Get override!
Do it all again next year…
And five years later...
Proposition B

City of Houston, Proposition B Shall the City Charter of the City of Houston be amended by adding a separate section that reads as follows: The City of Houston shall compensate City firefighters in a manner and amount that is at least equal and comparable by rank and seniority with the compensation provided City police officers including:


In the event the title of any of the above classifications shall be changed, the new classification most similar in terms of qualifications and duties to the old shall be substituted therefore, to achieve pay parity;
b. Firefighters employed in fire suppression shall receive the same incentive pay as police officers, of like seniority, employed as patrol officers;
c. Firefighters shall receive the same training pay as police officers of like seniority;
d. Firefighters employed as arson investigators shall receive the same investigative incentive pay as police officer investigative personnel of like seniority and investigative experience;
e. Firefighters who serve as Field Training Officers shall receive the same Field Training Officer training pay as police officers who serve as Field Training Officers;
f. Firefighters shall receive mentoring pay in the same amount and on the same basis as police officers;
g. Firefighters classified as arson investigators, inspectors, communications captain, senior inspectors, senior investigators, communications senior captain, assistant arson investigator, chief inspector or chief communications officer shall receive the same weekend premium and shift differential pay in the same amount and on the same basis as police officers qualified to receive such pay;
h. Firefighters shall receive educational incentive pay in the same amount and on the same basis as police officers entitled to receive such pay;
i. Firefighters shall receive college tuition reimbursement in the same amount and on the same basis as police officers entitled to receive such reimbursement;
j. Firefighters shall receive the same clothing allowance (or similar benefit) paid to police officers, in addition to any protective clothing and equipment provided by the City;
k. Firefighters shall receive the same equipment allowance (or similar benefit) paid to police officers;
l. The City shall make the same contribution to the Houston Professional Firefighters Association Medical Trust that it does to the Texas Police Trust;
m. To the extent that the names of any of the forms of pay or benefits identified above are changed, the requirement of parity for firefighters to police officers shall continue to apply.
In addition, if any new form of pay or benefit is provided to police officers, the same shall also be provided to firefighters.
Results

Houston Proposition B

<table>
<thead>
<tr>
<th>Result</th>
<th>Votes</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Yes</td>
<td>291,964</td>
<td>59.24%</td>
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<tr>
<td>No</td>
<td>200,903</td>
<td>40.76%</td>
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IMPACT

- $100M in the first year
- 400 firefighter layoffs
- Up to 200 police officer layoffs
- Cuts in city services across all departments

EMS:
- Civilianization within FD
- Creation of third service
- Public Utility?
- Privatization?
Subversion of the Incursion of Diversion: 2019 Methods to Deal with Hospital ByPass Request

M Riccardo Colella, DO, MPH, FACEP
Closed BUT STILL AWESOME
Piss off WE’RE CLOSED
How did we get here?

- Before 1985 (Pre EMTALA)
  - Uninsured/No Pay----go somewhere else like “the county hospital”

- Post EMTALA
  - Federal government said “No More”

- In-Patient Capacity
  - Hospital numbers and rooms continue to decline despite increased population and utilization
  - Business decisions to fill rooms with post-procedure and other high payor conditions

- ED as the hospital capacitor
  - The backdoor to the hospital is closed…..try to close the front door through diversion
What we know about ambulance diversion?

▪ When one hospital goes on diversion, surrounding hospitals soon follow
▪ Patient satisfaction diminishes when transported to out-of-network or second-choice hospitals
▪ Ambulances are forced to drive further from their communities
▪ Sicker patients may be denied access to the closest hospital (↑ time to thrombolysis)
▪ Patients decline ambulance services and instead drive themselves to the hospital of their choice
▪ Hospital lose revenue
Tipping Point (s)
Framing the discussion

- No legislative authority to mandate hospital behavior
- Plan B
  - Patient safety issue
  - Community issue-(“Increasing Patient Access to Hospitals” and “Guiding Principles”)
    - Patients have the right to make informed health choices including hospital destination within the Milwaukee County EMS System.
    - Care outside of an informed patient care choice may impact safety, quality and economic risks.
- Position hospitals to succeed
  - Community benefactor
  - Financial benefits
  - Created safety-valve
3 Phases to Increase Hospital Access

Phase 1: ROSC 2013
Phase 2: STEMI Stroke 2014
Phase 3: All Patients 2016
## Key Performance Indicators and Outcomes for Phase 3

<table>
<thead>
<tr>
<th>KPI</th>
<th>2015 April-September</th>
<th>2016 April-September</th>
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<tbody>
<tr>
<td>ALS Transports to Hospitals</td>
<td>14,155</td>
<td>12,696</td>
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<tr>
<td>Ambulance Turn Around Time</td>
<td>21.3 mins</td>
<td>22.8 mins</td>
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<tr>
<td>Ambulance Diversion (Barriers to ER access)</td>
<td>4,773 hours</td>
<td>13 hours</td>
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<tr>
<td>Reported Diversion Related Patient Safety Events</td>
<td>n/a</td>
<td>0</td>
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</tbody>
</table>
Thanks!
colella@mcw.edu